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## Comprehensive multidisciplinary approach for children with Cerebral Palsy – Together we can make a change

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erebral palsy (CP) arises due to an injury in the immature brain, and even in patients in whom the disorder is nonprogressive the resulting disability is lifelong. During the growth of a child with CP deformities get worse, and lead to decreased function and ability to perform daily life activities, depending on orthopedic and general management program implemented. International guidelines for early diagnosis and intervention for cerebral palsy were published in 2017. They state that early recognition of CP should occur as early as possible leading to provide diagnostic-specific early intervention and surveillance to optimize neuroplasticity and prevent complications, as well as to provide parents the available support. Orthopedics and CP rehabilitation has changed significantly over the past 10 years. It is a common ground that long term best results come from individualized and multidisciplinary approach. Physiotherapy has shifted towards approaches that emphasize goal-oriented activitybased therapy, and intensive task training creating an optimal environment for motor learning. It is a recent concept that low muscle strength, and not spasticity, causes the greatest limitations in motor function in children with CP2, and this has shifted focus from spasticity management towards active, intensive and task specific training for these children. During the past twenty years, increasing emphasis has been placed on correction of soft tissue contractures and bony deformities in a single event multilevel surgery (SEMS), which has become the standard of care in CP management despite difficulties of make its results objectively measurable 3,4. One of the most important aspect of successful SEMS is to custom made the surgical technique and choosing right surgical dose according to patient's functional level. Author's surgical rational and multidisciplinary experience will be exposed in this oral presentation.

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